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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G171	A. BUILDING _____ B. WING _____	03/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARECO 11	4501 GRANT STREET, NE WASHINGTON, DC 20019

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I 000	INITIAL COMMENTS A licensure survey was conducted from February 28, 2006 to March 5, 2007. The GHMRP ' s census at the time of the survey was seven, (one male and six females); with varying degrees of mental retardation. Four residents were selected for the sample. Based on concerns regarding the safety and health care of Resident #2 the survey was extended. The facility's QMRP and management staff were notified that the survey was extended on March 3, 2007 at 11:30 a.m. In addition, an investigation into the health care of Resident #2 was conducted in conjunction with the survey. The findings were based on observations at the group home and two day programs as well as the review of the medical and administrative records including the unusual incidents. On March 8, 2007 and March 12, 2007, the Department of Health received three additional incidents alleging the GHMRP's failure to protect its residents from abuse and neglect. On March 13, 2007 the State agency determined based on the nature of the incidents and the findings at the closure of the recertication survey on March 5, 2007, an extended review of the facility practices were warranted to include these three incidents: Incident #1 On March 7, 2007, Staff #1 left the GHMRP for an unspecified period of time, leaving her assigned 1:1 client without appropriate supervision. Incident #2 On March 7, 2007. Staff #2 left the GHMRP for an unspecified period of time, leaving his assigned 1:1 client without appropriate supervision.	I 000		

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director of Disability Services — (X6) DATE: 4/10/07

STATE FORM 6899 JT9E11 If continuation sheet 1 of 19

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I 000	Continued From page 1 Incident #3 On March 12, 2007, the group homes internal investigation findings revealed that Resident #4 had been verbally abused by the house manager, which was witnessed by Staff #1 and #2. On March 13-14, 2007 an onsite extended survey was conducted, to include additional staff and administrative interviews, observations and record verification. Based on the interviews with the GHNRP staffing and one resident interview (Resident #4), the aforementioned allegations of neglect and verbal abuse were substaniated. Based on these finding, the provider administrator was notified on March 14, 2007 at 3:45 PM, that the GHMRP was not incompliance with Governing Body and Management and Facility Staffing.	I 000		
I 040	3502.1 MEAL SERVICE / DINING AREAS Each GHMRP shall provide each resident with a nourishing, well-balanced diet. This Statute is not met as evidenced by: Based on observation, interview, and record review the GHMRP failed to serve each resident with a nourishing, well-balanced diet. The finding includes: See Federal Deficiency Report Citation W474	I 040	See response to federal deficiency W474	
I 052	3502.10 MEAL SERVICE / DINING AREAS Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes	I 052	See response to federal deficiency W484.	

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I 052	Continued From page 2 designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that residents owned and/or consistently utilized prescribed adaptive equipment, for one of the four residents in the sample. (Resident #4) The finding includes: During the morning observation on February 28, 2007 at 7:35 AM, staff were observed asking each client if they would like a cup of water. Client #4 requested at that time if she could have something to drink. It was noted that all of her peers were drinking at the time. The direct care staff told her that she would have to wait for something to drink because her adaptive cup was in the dishwasher and the dishwasher was already running. At 8:00 AM and at 8:10 AM, Client #4 asked again for something to drink, however, prior to her leaving the facility for her day program, she was not observed receiving anything to drink as requested. Interview with the QMRP on the same day acknowledged the need for another adaptive cup for Client #4.	I 052		
I 057	3502.15 MEAL SERVICE / DINING AREAS Menus shall be written on a weekly basis, shall provide a variety of foods at each meal, and be varied from week to week and adjusted for seasonal changes.	I 057	The QMRP will request the Registered Dietician to provide menus for all seven clients served by the home for each day of the week. The Registered Dietician will be requested to provide a menu for portable lunches to be served to clients when they are away for medical appointments.	4.22-07

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I 057	Continued From page 3 This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that menus included a lunch meal on a weekly basis for all seven residents in the facility. The finding includes: Observations during the environmental walk-through on March 5, 2006 at 11:21 AM revealed the facility provided menus, however, the menus did not include a lunch meal. Interview with the house manager revealed that the nutritionist has been scheduled to review the menus to include lunch menus to utilize during the week. Currently the lunch menus available were for Saturday and Sundays. At the time of the survey, the facility failed to provide evidence that menus included lunch meals on a weekly basis. It should also be noted that during the survey process, Resident #2 was sent out for a medical appointment that extended during his lunch time. Client #2's diet has been changed from a bite sized to pureed diet, with thick it to be added to his fluids. Upon their return to the group home, the direct care staff were interviewed to see when and how client #2 was fed. The staff indicated that they improvised and fed him mashed potatoes, applesauce and chocolate pudding. According to his physician orders he is to have 1800 calories a day and an ensure supplement at each meal. There was no evidence that the GHMRP had ensured that when residents have to be on medical appointments, that their dietary needs are met to ensure their health, safety and well being. There was also no evidence that the QMRP had notified the dietitian about these concerns.	I 057		

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I 090	Continued From page 4	I 090		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: The findings include: During the environmental inspection on March 5,2007 the following concerns were observed: Bathroom 1. The bathroom located closest to the management's office was observed to have chipped and red stained grout between the tiles in the shower. The toilet based was observed to be loose and mobile to the touch. 2. The toilet in the large adaptive bathroom was observed to inoperable for two consecutive days. The toilet tank cover did not chipped and broken along the edges, a potential safety risk. 3. The bathroom adjacent to the kitchen had a facet that was leaking (water was observed on top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing. 2. The stove and the oven were observed to be dirty.	I 090	The facility is seeking permission from oversight agencies to move clients served to a new home located in a park- like area, close to but not negatively impacted by major thoroughfares. The proposed new home is in excellent repair. While awaiting permission to move, the current facility repairs noted in this standard will be corrected; appliances will be cleaned, working freezer thermometers will be installed.	4/22/07

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I 090	Continued From page 5 3. The small freezer located in the dining room had inoperable temperature gauge. Evidence of pre-melted foods that were stored in this freezer that had to be thrown away. Bedroom 1. All seven residents person care kits, which stored toothbrushes, toothpaste, hygiene items were dirty. All electric toothbrushes were inoperable and worn. 2. All seven residents laundry baskets were observed busted with jagged plastic edges exposed. 3. Resident #5's dresser had 12 exposed nails, with pointed end protruding out, where the front part of a drawer will missing, a potential safety risk to both the client and the staff being injured. 4. Numerous items were observed stored in the furnace room. (old wheelchair, boxes, window screens and two cans of paint) Inside the furnace room there was a note posted documenting per the fire inspector, no items were to be stored in the furnace room.	I 090	All personal care kits will be replaced, hygiene items will be replaced, electric toothbrushes will be replaced. Laundry hampers/baskets will be replaced. Dresser nails will be removed. The furnace room will be cleaned out.	4/22/07
I 161	3507.2 POLICIES AND PROCEDURES The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP governing body failed to review its policies and procedures annually.	I 161	The Governing Body is reviewing and revising all of its policies. The DCHRP is assisting by reviewing all health related policies for best practices. The Governing Body has set a procedure for annual review and revision (as needed) of all policies governing the facility.	4/22/07

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I 206	Continued From page 7 This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current health certificates for all employees annually. The finding includes: Review of the personnel files on March 5, 2007, the GHMRP failed to provide current health certification for one (1) direct care staff [redacted], and one consultant ([redacted]).	I 206		
I 228	3510.5(e) STAFF TRAINING Each training program shall include, but not be limited to, the following: (e) Resident ' s rights; This Statute is not met as evidenced by:	I 228	See response to federal deficiencies W159, W318, W322; W104, W130, W148, W149, W158, W189, W122, W193, W369, W385, W436, W448, W474.	
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by:	I 229	See response above.	

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I 161	Continued From page 6 The finding includes: Interview and review of the policy and procedure manual on on March 5, 2007 failed to provide evidence that the agency's policy manual had been reviewed and approved by the governing annually as required. The last noted date for review was in 2/6/06.	I 161		
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees annually. The finding includes: Review of the personnel files conducted on March 5, 2007, revealed that GHMRP failed to provide evidence of current signed job descriptions for five (5) direct care staff ([redacted], [redacted], [redacted], [redacted] and [redacted]).	I 203	Each supervisor will annually review each employee's job description with him or her annually, and the supervisor and the employee will sign the review certifying that it has taken place, and that the employee understands required duties.	4/22/07
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.	I 206	The QMRP will monitor the personnel files periodically to ensure that each direct service employee has a current health certificate stating he or she is free from communicable disease.	4/22/07

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I 246	Continued From page 8	I 246		
I 246	3511.4 DIRECT CARE STAFF RATIOS The initial daily direct care staff ratios shall be determined by the Department of Human Services (DHS) based upon the characteristics of the individuals proposed to be served or served by the GHMRP as described in the Individual Habilitation Plans or based upon the GHMRP's description of the individuals to be served. This Statute is not met as evidenced by:	I 246	See response to federal deficiency W130.	
I 390	3520.1 PROFESSION SERVICES: GENERAL PROVISIONS Each resident of a GHMRP, regardless of his or her age or degree of disability, shall receive the professional services required to meet his or her needs as identified in his or her individual habilitation plan in accordance with the current " Outcome Performance Measures " from the " Council on Quality and Leadership in Support for People With Disabilities " (Council) and to the extent of funds appropriated for purposes of D.C. Law 2-137, as amended. This Statute is not met as evidenced by: The finding includes: Interview with the nurse revealed that the pharmacist conducts quarterly drug reviews. Record verification on March 1, 2007 at 8:05 AM revealed no drug regimen review was conducted for Client #4 between October 11, 2006 and March 1, 2007. There was no evidence that the drug reviews were conducted at least quarterly.	I 390	See response to federal deficiency W362.	

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I 395	Continued From page 9	I 395		
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: The findings include: 1. The nursing staff failed to have policy and procedures for control testing of the glucometer as evidenced below: During the medication pass observation on March 1, 2007 at 4:10 p.m. the nurse was observed performing a blood glucose measurement utilizing an glucometer. Interview with the facility's Designated Nurse on the same day to ascertain what procedures were in place to ensure quality control of the glucometer, she indicated that there was no policy/procedure in place and that she takes it upon herself to perform the testing on the machine, however she does not document the results anywhere. Review of the manufactures manual revealed the recommendaion to perform control testing on the machine. It should be noted that this matter was refered to	I 395	See response to federal deficiency W393.	

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I 395	Continued From page 10 the laboratory surveyor for review on March 2, 2007 at 10:00 a.m. 2. The nursing staff failed to ensure the timely completion of medical appointments as evidenced below: Cross refer to W322. The nursing staff failed to ensure the timely completion of audiology appointments (W322.1) ENT appointments (W322.2) and Dental appointments (W322.3) Interview with the facility's nurse and QMRP on March 3, 2007, at 2:30 p.m. revealed that Client #2's behavior support plan indicated that after three failed attempts at an appointment, the client could be sedated, however, the nurse nor the QMRP could verify when (historically) Client #2 had successfully completed the aforementioned appointments. It could not be determined if the Client #2's Audiologic, ENT or Dental status had changed or remained the same as no historical data was available for review. 3. The nursing staff failed to ensure Client #2 received water via spoon as recommended by the speech therapistas evidenced by the following: On March 2, 2007, at 12:30 p.m. Client #2 was observed receiving a pureed diet for lunch. Interview with the Qualified Mental retardation Professional (QMRP) on March 2, 2007 at 2:00 PM revealed that the client was on a "chopped with ground meats" diet until he had a Swallow Study on January 4, 2007, which revealed that the Client had 'moderately severe oropharyngeal dsyphagia. The safe food textures recommended was creamy or thick pureed and the safe liquid consistencies was honey. The swallow function report also indicated that the	I 395	See response to federal deficiency W322. See response above.	

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I 395	Continued From page 11 liquids should be given by spoon only. It should be noted that although thickener was added to Client #2's liquids, he was served the liquids through a cup. It was also noted that Client #2 coughed intermittently while receiving fluids by cup. There was no evidence that the nursing staff clarified the need to have the liquids served via spoon. 4. The nursing staff failed to verify how much thickener was needed for each type of liquid to ensure the proper consistency as evidenced below: Observations at the group home on March 14, 2007, at 11:30 a.m. revealed the nurse and the Administrator preparing to give Client #2 a can of Ensure Plus. The nurse placed 2 scoops of thickener in the cup, the Administrator stirred the liquid and, as it was not the right consistency, requested that more thickener be placed in the cup. It was evident that no clear guidelines were given to the facility as to the proper amount of thickener to use to ensure a honey thick consistency for the ensure. Interview with the Administrator and the nurse acknowledged the need for clarification and further guidance from the nutritionist.	I 395		
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.	I 500	See response to federal comment W000; see response to federal deficiencies W104, W122, W124, W125, W130, W136, W140, W148, W149, W154, W158, W159, W186, W189, W193, W214, W249, W263, W322, W331, W356, W436, W448, W474, and W484.	

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I 500	Continued From page 12 This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the rights of residents were observed and protected in accordance with D.C. Law 2-137, Chapter 19, and other applicable District and Federal Laws. The findings include: The GHMRP failed to ensure residents' rights prescribed in D.C. Law 2-137, Chapter 19 as evidenced by the following deficiencies: 1. Section 7-1305.10 Mistreatment, neglect of abuse prohibited. The facility failed to protect its residents from harm and to ensure their general safety and well being. On March 8, 2007, an unusual incident report was received alleging neglect. Through further staff interview and record review on March 13, 2007 the allegation was substantiated based on the following: On March 13, 2007, interview with the direct care staff verified that on March 7, 2007, two direct care staff left the facility to buy food; leaving two staff in the facility to care for seven clients, three of which required 1:1 supervision, and one that required additional close supervision secondary to his recent surgery. Interview with the facility administrator on March 14, 2007 around 3:30 PM acknowledged that the facility had been initally short of staff and the two staff leaving failed to adhere to agency policy.	I 500		

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I 500	Continued From page 13 2. On March 12, 2007, the facility had identified and forwarded an incident report to the Department of Health , that alledged that Resident #4 had been subjected to verbal abuse by the facility's house manager, which was witnessed by the two employees involved in the March 7, 2007 incident. On March 13. 2006 at approximately 3:00 PM, Resident #4 was interviewed to verify if she had been verbally abused. Resident #4 revealed that she had been spoken too harshly by the house manager and was afraid of her. She further stated that she had been threaten with physical harm, if she said any thing to any one. On March 13, 2007 around 4:15 PM, staff were interviewed which verified the clients statement that the house manager had interacted inappropriately (verbally) with resident #4. During the course of staff interviews, it was reported, that 3 additional residents that reside in this facility had also been subjected to inappropriate comments by the house manager to include comments referencing these residents as "lip tracy", "big black gorilla", and "go around the corner to your crack head moma's house". Staff stated that they knew that this was abuse and that it was wrong, however failed to report the abuse as indicated in the agencies policy and procedures. Each staff stated that their jobs had been threaten and felt that administration would not support them if they reported the abuse. Staff also stated that they had received recent training on abuse and neglect, client rights and incident reporting (February 24, 2007), stating that the abuse should have documented on an unusual incident report. Review of the GHMRP's policy and procedures on Abuse and Neglect classified that verbal abuse as a "misdemeanor." When the	I 500		

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	09G171	A. BUILDING _____ B. WING _____	03/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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I 500	Continued From page 14 surveyors brought the aforementioned allegations to the adminstrators attention on March 14, 2007 at 3:20 PM, it was acknowledge that the agency was aware of the other clients indentified through their internal investigation efforts, however had not reported the allegations to the police. At that time, the facility administrator made contact with the police to file an report. The administrator also informed the surveyors that the agencies investigation had been completed and witht the recommendation to terminate the house manager. The administrator also verified that the agency's policy and procedures were in need of revision to include employee protection and reporting methods for employees who have witnessed abuse. 3. The facility failed to provide effective monitoring supervision to ensure Client #2 was not exposed to the foreign bodies that he ingested. On February 28, 2007, at 9:00 a.m. Client #2 was observed sitting in the living room area with the direct care staff and his peers. Interview with the residential manager at 10:00 a.m. revealed that client #2 would not be attending his day program because he had a medical appointment. further interview with the residential manager revealed that Client #2 had just had abdominal surgery. Interview with the Designated Nurse and the QMRP on the same day revealed that Client #2 went to have an esophogastroduodinoscopy (EGD) on an outpatient basis on January 24, 2007. A foreign body was observed in the stomach. In an attempt to remove the foreign body, the client aspirated. Client #2 was received emergency surgery to remove the foreign body. According to the operative report, twelve (12) plastic bags were removed from the clients	I 500		

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I 500	Continued From page 15 stomach. Further interviews with the Designated Nurse and QMRP on March 3, 2007 at 3:00 p.m. and the on the same day revealed that it was not known how the client came to have access to the plastic bags. Interview with direct care staff #1 on March 5, 2006 revealed that Client #2 is capable of reaching for objects that he wants. Review of the facility's internal investigation into this matter failed to evidence interviews and/or possible theories as to how the client came to have 12 plastic bags in his stomach. 2. The GHMRP failed to ensure the right of Resident #2 to receive meals in accordance with his specially-prescribed diet. D.C. Law 2-137, Section 6-1965(f) "Each customer has the right to a nourishing... diet, and where ordered by a physician and/or nutritionist, to a special diet." On February 28, 2007 Resident #2 was sent out for a medical appointment that extended during his lunch time. Client #2's diet has been changed from a bite sized to pureed diet, with thick it to be added to his fluids. Upon his return to the group home, the direct care staff were interviewed to see when and how client #2 was fed. The staff indicated that they improvised and fed him mashed potatoes, applesauce and chocolate pudding. According to his physician orders he is to have 1800 calories a day and an ensure supplement at each meal. There was no evidence that the GHMRP had ensured that when residents have to be on medical appointments, that their dietary needs are met to ensure their health, safety and well being. There was also no evidence that the QMRP had notified the dietitian	I 500		

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I 500	Continued From page 16 about these concerns. 3. The GHMRP failed to ensure that Resident #2 received dental services timely. D.C. Law 2-137, Section 6-1965(g) "Each customer shall have a right to prompt and adequate medical attention for any physical ailments..." Review of the dental section of Client #2 's medical record on March 2, 2007 at 10:45 a.m. revealed a consultation dated July 20, 2006 that indicated services were not rendered secondary to the pre-authorization was expired. On November 21, 2006, the consultation indicated that the client was not seen. No reason was indicated, however, there was a recommendation to " please sedate. " On January 18, 2007, the dental consultation report indicated that it was a re-call examination. The client had " moderate calculus deposits " " patient needs scaling, " " will submit pre-authorization. " Interview with the QMRP and the House manager on March 2, 2007, revealed that they rely on the physician's office to call and let them know when the office received the authorization for the appointments. The QMRP acknowledged the need for a better sysytem to ensure dental appointments are completed timely. 3. The GHMRP failed to document that Resident #1's legally-authorized surrogate health care decision-makers (his parents) received a full explanation of the potential risks and benefits associated with the resident's medication regimen, to include securing written consent from the parents. D.C. Law 2-137, Section 6-1965(h) "All customers have a right to be free from	I 500		

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I 500	Continued From page 17 unnecessary or excessive medication..." See Federal Deficiency Report - Citations W124, W125 and W263 4. The GHMRP failed to show evidence that Resident #1, #2 , #3 and #4s personal funds were spent in accordance with the plan set forth by the interdisciplinary team. Review of Client #1, #2, #3 and #4's financial records on March 5, 2007 at 10:00 AM revealed several withdrawals that had been deducted from their accounts between September 21 and 28, 2006. A review of each clients' record revealed that a withdrawal for $292.50 and $100 dollars had been withdrawn from each account, a total sum of $392. 50. Interview with the House Manager (HM) on March 5, 2007 at 2:30 PM revealed that the Qualified Mental Retardation Professional (QMRP) had been working with a vacation planner, and the sum above had been withdrawn for payment of vacation rental and the rest for spending money, however the trip never occurred. Interview with the QMRP later that afternoon confirmed that the vacation had been cancelled and the monies should have been re-deposited into each clients account. At the time of the survey, the facility was unable to account for the $392.50 withdrawn for each client. 5. 1. Facility staff failed to ensure resident privacy during personal care, for one of the seven residents residing in the facility. D.C. Law 2-137, Section 6-1901(2) "Secure for each resident of the District of Columbia with mental retardation...habilitation as will be suited to the needs of the person, and to assure that such habilitation is skillfully and humanely provided with full respect for the	I 500		

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I 500	Continued From page 18 person's dignity and personal integrity..." See Federal Deficiency Report Citation-W130	I 500		